U.S. Department of Commerce Patent and Trademark Office **PATENT**

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Customer No.: 23696 Attorney Docket No.: 000131

In Re Application of: Nikolai Schlegel et al.

Serial Number: 09/676,345 Filed: September 29, 2000 Examiner: Melanie Jagannathan

Group Art Unit: 2666

Dear Sir:

CLAIMS Remaining After (b) Highest Number Extra Large Entity Fee Fee Paid	Transmitted herev	with for filing is a R	esponse to Office A	Action in the abo	ove identified application.			
Independent** 2	CLAIMS	Remaining After	Number Previously Paid	Extra	Large Entity Fee	Fee Paid		
Multiple Dependent Claim(s):	Total*	21	21	0	x \$50 =	\$0.00		
EXTENSION FEES Two Months \$450 \$0.00 Three Months \$1020 \$0.00 Three Months \$130 \$130.00 Three Months \$130 \$130.00	Independent**	2	2	0	x \$200 =	\$0.00		
EXTENSION FEES Two Months \$450 \$0.00 TREMINAL DISCLAIMER \$130 \$130.00 "If the number in column a is less than 20, enter 0 in column c. "If the number in column a is less than 20, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 20, enter 0 in column c. "If the number in column a is less than 20, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 20, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 3, enter 0 in column c. "If the number in column a is less than 20, enter 0 in column c. TOTAL FEE \$130.00 TOTAL FEE \$130.00 TOTAL FEE \$130.00 The Commissioner is further hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to any overpayment of any additional fees that may be required, or credit any overpayment of any additional fees that may be required, or credit any overpayment of any additional fees that may be required, or credit any overpayment of any additional fees that may be required, or credit any overpayment of any additional fees that may be required, or credit any overpayment of any additional fees that may be required, or credit any overpayment of any additional fees that may be required, or credit any overpayment of any additional fees that may be required, or credit any overpayment of any additional fees that may be required, or credit any overpayment of any additional fees that may be required, or credit any overpayment o	Multiple Depend	dent Claim(s):	\$360	\$0.00				
TREMINAL DISCLAIMER \$130 \$130.00 *If the number in column a is less than 20, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the column is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column a is less than 3, enter 0 in column c. *If the number in column and/or extension fees. *If the number in column and/or ext			□ O ₁	ne Month	\$120	\$0.00		
TERMINAL DISCLAIMER \$130 \$130.00 *If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column and/or extension fees. **If t	EXTENSION FEES			wo Months	\$450	\$0.00		
**If the number in column a is less than 20, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column a is less than 3, enter 0 in column c. **If the number in column and/or extension fees. **If the number is deviated to end payer and additional authorized to charge payment of any additional authorized of this sheet is enclosed for fee processing. **If the number is deviated of this sheet is enclosed for fee processing. **If the number is deviated to thange payment of any additional authorized to sharpe payment of any additional fees that may be required, or credit any overpayment of any overpayme		Ţ			\$1020	\$0.00		
##If the number in column a is less than 3, enter 0 in column c. 4. ☐ Fee check in the amount of \$		TERMINAL I	\$130	\$130.00				
5. ☑ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$130.00. The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing. 6. ☑ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Date: December 22, 2004 Signature: Patent Department 5775 Morehouse Drive San Diego, California 92121-1714 Telephone: (858) 658-5787 Facsimile: (858) 658-2502 CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a)) I hereby certify that this correspondence is, on the date shown below, being: MAILING MAILING FACSIMILE ☑ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Depositor's Name: Sheryl Schoen (rype or print name) Signature: University to the Patent and Trademark Office. Signature: Signature: (type or print name)			TOTAL FEE	\$130.00				
I hereby certify that this correspondence is, on the date shown below, being: MAILING FACSIMILE deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Depositor's Name: Sheryl Schoen (type or print name) Signature: Multiple Amount Multip	to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization. Date: December 22, 2004 Signature: Roberta A. Young, Reg. No. 53,818 QUALCOMM Incorporated Attn: Patent Department 5775 Morehouse Drive San Diego, California 92121-1714 Telephone: (858) 658-5787							
MAILING ✓ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Depositor's Name: Sheryl Schoen (type or print name) Signature: MAILING FACSIMILE Transmitted by facsimile to the Patent and Trademark Office. Signature: (type or print name)	CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))							
deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313- 1450. Depositor's Name: Sheryl Schoen (type or print name) Signature: Transmitted by facsimile to the Patent and Trademark Office. Trademark Office. Signature: Sheryl Schoen (type or print name)	I hereby certify that this correspondence is, on the date shown below, being:							
with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Depositor's Name: Sheryl Schoen (type or print name) Signature: Multiple or print name)				_				
(type or print name) Signature: Muly Bholk	with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			Traden	Trademark Office. Depositor's Name:			
		(type or print i	mery &	hoer				

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application No. 09/676,345 DEC 2 7 2006) For:	Communication System Method and Apparatus
Nikolai Schlegel et al.)	
Examiner: Melanie Jagannathan)	
Filed: September 29, 2000) Oroup No.	2666

RESPONSE TO OFFICE ACTION

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Commissioner:

In response to the Office Action dated September 27, 2004 please amend the above-identified application as indicated below.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a)) I hereby certify that this correspondence is, on the date shown below, being: **MAILING FACSIMILE** deposited with the United States Postal Service transmitted by facsimile to the Patent and Trademark Office. with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Depositor's Name: (type or print name) Depositor's Name: Sheryl Schoen (type or print name) Date: ___ Date: December 22, 2004 Signature: ___ Signature: Muyh Tahour

Attorney Docket No.: 000131

Customer No.: 23696